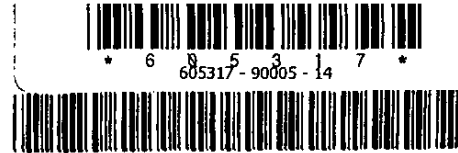


NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750879					
1. Corporation Name INDUSTRIAL ASSOCIATION OF DADE COUNTY, INC.					
Principal Place of Business 7100 NW 12TH ST SUITE 109 MIAMI FL 33126 US			Mailing Address 7100 NW 12TH ST SUITE 109 MIAMI FL 33126 US		

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 020 ****61.25



2. Principal Place of Business 21 1773 NW 79 AV Suite, Apt. #, etc. 22		2a. Mailing Address 26 1773 NW 79 AV Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/31/1980	
City & State 23 MIAMI FLORIDA Zip 24 33126 Country 25 USA		City & State 28 MIAMI, FLORIDA Zip 29 33126 Country 30 USA		4. FEI Number 59-1988078	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent GOMEZ, PAUL J 7550 NW 51ST TERRACE POMPANO BEACH FL 33073		10. Name and Address of New Registered Agent 81 Name ALEX MORALES 82 Street Address (P.O. Box Number is Not Acceptable) 1773 NW 79 AV 83 84 City MIAMI FL 85 Zip Code 33126	
---	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ALEX MORALES** EXECUTIVE DIRECTOR **07/30/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIGERMAN, MICHAEL 5761 NW 37TH AVE MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DEBBIE COLANGELO 1773 NW 79 AV MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ARCE, LORENZO E 10598 NW SOUTH RIVER DR MIAMI FL 33178	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VOT J. LADD HOWELL 1773 NW 79 AV MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT COLANGELO, DEBBIE 4500 N STATE RD 7, #305 LAUDERDALE LAKES FL 33319	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TOT ROGER E. LANGER 1773 NW 79 AV MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDT HOWELL, J. LADD 469 W 83RD ST HALEAH FL 33014	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SDT MOERACIO S. AGUIRRE 1773 NW 79 AV MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LANGER, ROGER E 8901 N.W. 7TH AVE MIAMI FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **07/09/99** **305 631-770**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)